

Health Care of PACIFIC ISLANDER ELDERS

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Approach to the Patient

Pacific Islander societies traditionally revere their elders. To be accepted, the health care provider must show respect. A simple greeting in the native language goes a long way to opening the relationship. An interpreter is essential if the patient and provider do not share a common language. Do not use first names unless invited. It is usually appropriate to express a lack of knowledge about the culture and concern that the interaction be meaningful. There is an extremely wide variation among Pacific Islander individuals and groups with regard to ethnicity, culture, religion, work experience, education, and degree of Westernization. Because of the great diversity in this group, it is important to ask the patient or the caregiver what is culturally appropriate. Be as specific as possible about the background of the older patient since there is a long history of rivalry. However, there are also few relatively common cultural beliefs among Pacific Islanders.

Group and Rank Emphasis

Most Pacific Island societies place more emphasis on the group, and the hierarchy within the group, than on the rights of the individual. Issues of privacy and autonomy will be less important to the patient than the cohesiveness of the group. In matters of health, elders will often defer to the judgment of their adult children. A minor illness in an elder village chief may be of more concern than a more serious illness in someone younger and of lower rank. This behavior likely derives from people of chiefly rank historically having a much greater responsibility for the survival of the entire group. Body tattooing may be simply decorative, but in many older people tattooing at various stages of their lives denotes a significant achievement in rank.

Indirect Communication Style

Internal negative feelings such as unfairness, disappointment, and anger may not be culturally appropriate for external expression, particularly among family caregivers. It is acceptable to invite the patient and family to speak up if they begin to feel uncomfortable during the interview or examination.

Possible Suspiciousness

Many Pacific Islanders have been subjugated and dominated by European and American Westerners. Some harbor resentment and suspicion of Western ways. Genuine concern for the patient and absolute honesty are the best approaches to suspicion and resentment.

Late Presentation and Compliance

Pacific Islander patients tend to visit the doctor less frequently and present much later in the course of disease than typical Western patients. Even in the face of chronic disease, if they feel well, they tend to not come for follow-up. The concept that you should have to take a medicine for the rest of your life may be foreign to them. Encouragement may be necessary in the form of education and follow-up phone calls to continue them on long-term medications and to get them to return for follow-up.

Lack of Experience with Recovery from Serious Illness

Because many Pacific Islanders have little experience seeing people fully recover from a heart attack or stroke, there is generally a much greater acceptance that a serious disease later in life is likely to be fatal. Therefore, efforts at rehabilitation may be difficult to implement. When an elder is recovering from a stroke there is a tendency to lovingly make his/her last days comfortable rather than pursue the return to ambulation and independent self-care.

Informed Consent

Some societies hold the physician in such reverence that it is unthinkable for them to ever ask a question to help understand the office visit. Providers may have to go to great lengths to get the truly informed consent that the American society demands.

Acceptance of Aging and Death

Pacific Islanders often engender a coping strategy of adaptation to change and maintenance of continuity rather than trying to preserve youth. Death may be seen as a part of life. The elders put more importance on their value to society than on their own comfort and health.

Caregiver Stress

More Westernized children may experience significant cultural conflict in decision-making for their more traditional parents. It may be necessary to anticipate and to assist the caregivers through these stresses. When dementia is present, caregivers may have some difficulty accepting that the patient is not always in control of his or her actions and does not intend the disruption caused to the family and caregiver. Attitudes such as these may be a sign of previous or actual dysfunction or of some history of domestic violence.

Community Support

It is important to enlist the support of family, caregivers and cultural community leaders, such as chiefs or ministers. If they do not accept your approach to treatment, your approach is much less likely to be successful. Be alert for alternative or complementary medicine approaches and accepting of them where possible. If one of these approaches must be rejected, explain in detail why you believe the alternative approach may be detrimental. Be prepared for a rejection of your position.